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Bib Data Sheet

CONFIRMATION NO. 2996

<b>SERIAL NUMBER</b> 10/524,864	<b>FILING OR 371(c) DATE</b> 06/23/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 80337.0018 US
<b>APPLICANTS</b> Frederick L. Coe, Santa Barbara, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US02/25654 08/13/2002 <i>CNA</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>CNA</i> Initials <i>CNA</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 41913				
<b>TITLE</b> Remotely adjustable gastric banding device and method				
<b>FILING FEE RECEIVED</b> 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	